

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09874940

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1		1			
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42		1				
43		1				
44		1				
45		1				
46		1				
47	1		1			
48		1				
49		1				
50		1				
TOTAL IND.		6		6		6
TOTAL DEP.		1		1		1
TOTAL CLAIMS		7		7		7

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58	1		1			
59		1		1		
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97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.	1					
TOTAL CLAIMS	7					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS